

HIV/AIDS AND AGRICULTURE, FOOD SECURITY, AND NUTRITION

Executive Summary of USAID Workshop, 1-29-03

Purpose: To bring urgent attention within USAID bureaus to the linkages between the AIDS epidemic, as a health issue, and its impacts and drivers in other development sectors, focusing initially on the agriculture sector in the AIDS crisis regions of Africa.

The Problem

1. The AIDS pandemic is worse than most experts predicted, particularly in southern Africa, and continues to spread, regionally and internationally.

The impact of the AIDS epidemic in the hardest-hit countries, particularly in southern Africa, is almost impossible to grasp. Worldwide, over 40 million people are infected. In the past year there were 5 million new infections and 3 million deaths from AIDS – ten thousand deaths each day. These numbers are certain to be higher in the coming year: infection spreads exponentially, and death rates are increasing. In southern Africa (Botswana, Swaziland), 30-40% of the population is currently infected with HIV, and population levels in these most high-affected countries will be in decline by the end of this decade.

2. The impact of AIDS is shockingly broad and deep. In particular, it has been – and will continue to be – devastating for agriculture in the region.

The cohort most severely affected by HIV/AIDS is the productive adult segment, and **most of the affected population in the crisis region of Africa is rural**. In Africa, 7 million agricultural workers have died of the epidemic, since 1985. Agricultural production is thus drastically impacted by the loss of workers, including the lost labor of householders (especially women) whose energy is diverted to caring for those infected or orphaned by the disease. Again, there is a catastrophic circular effect, as resulting poverty and food scarcity enhances the spread of AIDS, both by impairing individuals' immune systems, and by multiplying the vectors of infection.

HIV/AIDS has contributed to significant declines in agricultural production in southern Africa. For example, in Zambia -- one of the countries hardest hit by HIV/AIDS -- maize production has declined by two-thirds in the last decade. Decimation of the core productive population is causing long-term decline in optimal land use and agricultural techniques. The resulting increase in poverty and malnutrition exacerbates the growing rate of new HIV infections and illness and diminishes the effectiveness of health programs.

The catastrophic health impacts of the HIV/AIDS epidemic thus do not begin to measure the true nature of the crisis or its implications for development. By shrinking the productive labor sector, by impairing the capacity of government and NGO staffs, by imposing an enormous added burden of caretaking on households and agencies, by decreasing investment in every area, and by derailing education – not only of children (infected and/or orphaned) but also of trainees in all public and private sector activities – the epidemic has already created enormous long-term development deficits in Africa, a region already struggling with structural developmental challenges. **At the same time, the epidemic's negative impact on economic growth will certainly exacerbate the spread of infection and the difficulties of treatment.**



Policy Implications

The urgent need is to find more effective ways to halt the spread of the epidemic and to mitigate its impacts in affected regions.

1. Although the public health efforts to curb the spread of HIV/AIDS remain vital, ultimately the public health sector cannot win the war against HIV/AIDS by itself. An effective approach must be multisectoral, with coordinated efforts in all sectors, including health, agriculture, governance, economic growth, and education.
2. The agricultural sector is an integral element of a multisectoral approach to AIDS prevention and impact mitigation. The economies of the crisis countries are primarily agricultural. The entire sector has already suffered massive disruption, particularly – but not only – in terms of labor. A weakened agricultural sector (even before factoring in the impact of drought) jeopardizes the community's capacity both to resist infection and to mitigate its impacts.

Some effective measures within a multisectoral approach are already evident.

- Improved nutrition (including improvements in soil fertility) can enhance immune-system functioning, which is crucial to both resisting infection and aiding in treatment of AIDS.
- Immune-system functioning can also be enhanced by eliminating aflatoxin (from peanut mold), which can be combated by improved storage.
- Structural agricultural reform efforts are needed to address the situation of widowed women, who are barred by tradition from undertaking certain high-value sorts of agriculture (such as sugar cane production), and who may have no legal claim to keep the land of the household.
- Research may suggest additional ways to expand livelihood options, particularly for economic empowerment of women.

These and similar efforts that serve to mitigate the economic and agricultural impact of HIV/AIDS can also help to slow the spread of the epidemic. Moreover, directly preventive educational measures can be integrated into food aid and agricultural development activities for maximum effectiveness. Successful programs in Malawi and Uganda combine food aid and agricultural improvement with a household approach, maintaining systematic coordination with local leadership. An Education Mobile Task Team approach in eight countries of southern Africa is also having positive effects.

3. The full-blown emergence of the HIV/AIDS crisis in particular regions of Africa reflects **critical national deficits in the areas of governance and leadership** which must urgently be addressed, if efforts at prevention and mitigation are to have any hope of success. Successful governance reform would in fact provide the necessary basis for more effective development efforts in every sector, including management of the AIDS crisis.

USAID Leadership

The HIV/AIDS pandemic is a crisis that ranges through multiple sectors and has multiple drivers, including lack of leadership, local capacity constraints, and women's lack of



empowerment. This means that the necessary awareness and commitment to reform must emanate from the highest levels of government as well as the lowest, both in the afflicted countries and among donor governments. One of the challenges, as diverse sources of new funding are developed, will be to coordinate these funding streams so that they address the crisis in all its dimensions.

In particular, the importance of multisectoral approaches will need to be given top-level recognition in order to overcome the many obstacles to effective collaboration. Certainly, the structural and economic dimensions of the crisis are often seen as competing for funds with health concerns and individual treatment programs. As the crisis unfolds, however, it will become increasingly apparent that the *structural impacts* of HIV/AIDS represent a major impediment to the delivery of health services as well as to other efforts to mitigate the development impacts of HIV/AIDS. Serious attention must be given to the critical balance between long-term agricultural development needs, emergency assistance, and HIV/AIDS prevention and mitigation measures.

There is much more we can be doing within the parameters of existing programs and guidelines to increase multisectoral programming.

- Within USAID, the Africa, Global Health and EGAT Bureaus have a wealth of knowledge and experience in this area, as do many outside experts from academia, consulting firms and NGOs. This experience needs to be captured and fully utilized in the process of designing new programs, not only within USAID but also in the work of other agencies and donors.
- USAID, other donors, governments, and NGOs need to view their activities in every sector through an analytical lens of how HIV/AIDS is impacting progress and how they may be restructured, or how future designs may build in HIV-mitigating elements.
- Most importantly, increased policy support is needed for addressing these impacts. Without high-level recognition of this issue as a priority by all affected and involved governments and organizations, all the good work by many at the field level will be work done against the tide.
- HIV/AIDS policies must become part of mainstream development thinking. This issue needs to be on the agenda of our leaders as they make speeches, coordinate with other donors, and talk with African leaders. The message must be cogent and based on a consensus about priorities and best approaches.

Much remains to be done, both in research/program design and in implementation. As urgent as the situation is in the African region, similar efforts are just as urgently needed in parts of the world (such as South and Southeast Asia) that are now showing the level of HIV/AIDS incidence that Africa showed ten years ago. The potential for further devastating structural impacts due to HIV/AIDS is so high that great efforts must be made now to harness experience and resources across all sectors in a coordinated effort to combat this terrible disease.

